



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0051

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$718168921
Outpatient Patient Service Revenue	\$1054721337
Total Gross Patient Service Revenue	\$1772890258

2. Deductions From Revenue

Contractual Allowance	\$1279712315
Other Deductions	\$-4541226
Total Deductions	\$1275171089

3. Total Operating Revenue

Net Patient Service Revenue	\$497719169
Other Operating Revenue	\$18331823
Total Operating Revenue	\$516050992

4. Operating Expenses

Salaries and Wages	\$112642276	Employee Benefits	\$27803190
Depreciation and Amortization	\$12481645	Interest Expense	\$1079509
Bad Debt	\$21468134	Other Expenses	\$198401058
Total Operating Expenses	\$373875812		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$142175180	Total Assets	\$772053541
Net Non-operating Gains over Loss	\$30783327	Total Liabilities	\$772053541

Total Net Gains	\$172958507
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$871787653	\$734961933	\$136825720
Medicaid	\$296956265	\$237701568	\$59254697
Other Government	\$26471883	\$22934078	\$3537805
Other State	\$0	\$0	\$0
Other Payers	\$577674456	\$301041646	\$276632810
Total	\$1772890257	\$1296639225	\$476251032

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$95165	\$-95165

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$10084	\$-10084

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$794781	\$-794781
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	17762

Statement Six: Charity Statement

Hospital Charity Charges	\$31719700
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7968807	
HCI Payments	\$0		
Subtotal	\$0	\$7968807	\$-7968807
Medicaid Shortfalls	\$69364109	\$90353733	
Subtotal	\$69364109	\$98322540	\$-28958431
DSH Payments	\$0		
Subtotal	\$69364109	\$98322540	\$-28958431
Medicare Shortfalls	\$99423222	\$107886750	
Other Government Programs	\$0	\$0	
Total	\$168787331	\$206209290	\$-37421959

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$9169546	\$-9169546
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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